



Your life. Our mission.

Registrar's Office
910 Elliot Avenue
Minneapolis, MN 55404
612.343.4409 (p) 612.343.4435 (f)

Academic Petition

Name: _____ Date: _____

ID #: _____ Phone: (____) _____

Address/Box #: _____

Major _____ Minor _____

Student Signature _____ Anticipated Graduation Date ____/____/____

Student Request:

Multiple horizontal lines for student request text.

Committee Comments: (if applicable)

Multiple horizontal lines for committee comments text.

Registrar's Office Use Only:

[] Approved [] Denied

Reviewed By _____

Date Reviewed ____/____/____

HG ____ RGH ____ GPA ____ DR/CI ____

Memo Sent ____/____/____ Initials ____